MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/018986 APPLICANT(S)

FILING DATE

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|---------------|----------|--|------------------------|----------------|---------------------|----------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | |
| 2 | | | | / | | |
| 3 | | | | -/- | | <u> </u> |
| 4 | | | | 7 | | |
| 5 | | | | / | | |
| 6 | | f | | ⊬—— | | |
| 7 | | | / | | | |
| 8 | | | - / | | | |
| 9 | | | / | | | |
| 10 | | - | / | | | |
| 11 | | | -/ | | | |
| 12 | | | / | | | |
| | | ļ | / | | | |
| 13 | | <u> </u> | | | ļ | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | <u> </u> | | | | |
| 17 | | | | ′ | | |
| 18 | | | | 1 | | |
| 19 | | | | / | | |
| 20 | | | | / | | |
| 21 | | | | 1 | | |
| 22 | | | | / | | |
| 23 | | | | 1 | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 | | | | | <u> </u> | |
| 30 | | | | | l —— | |
| 31 | | | | | | |
| 32 | | | | | | |
| 33 | | | | | | |
| 34 | | | | | <u> </u> | - |
| 35 | | | | | | |
| 36 | | | | | | |
| 37 | | | | | | |
| 38 | | | | | | |
| 39 | | - | | | | <u> </u> |
| 40 | | | | | | <u> </u> |
| 41 | | | | | | <u> </u> |
| 42 | | | | | | |
| 42 | | | | <u> </u> | ļ | |
| | | | ļ | | | |
| 44 | | ļ | | | | L |
| 45 | | | | | | |
| 46 | | | | | | |
| 47 | | | | | | |
| 48 | | | | | | |
| 49 | | | | | <u> </u> | |
| 50 | | | | | | |
| TOTAL IND. | | 1 | , | 1 | | _ |
| TOTAL DEP. | · | - | 27 | - * | ļ | |
| DEP | | | | | ı | |

| | * | | * | | * | |
|-----------------|--|--------------|--|--|--|----------------|
| | IND | DED | | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | | | | | |
| 52 | | | | | | |
| 53 | | | | | | |
| 54 | | | | | | |
| 55 | | | | | | |
| 56 | | | | | | |
| 57 | | | | | | |
| 58 | | | | | | |
| 59 | | | | | | |
| 60 | | | | | | |
| 61 | | | | | | |
| 62 | | | | | | |
| 63 | | | | | | |
| 64 | | | | | | |
| 65 | | | | 1 | | |
| 66 | | | 1 | | | |
| 67 | | | | | | |
| 68 | | | | | | |
| 69 | | | | | | |
| 70 | | | | | | |
| 71 | | | | | | |
| 72 | | <u> </u> | - | | ļ | |
| 73 | | | | | | |
| 74 | | | | | | |
| 75 | | | | - | | |
| 76 | | | | | | |
| 77 | | | - | | | |
| 78 | | - | | | <u> </u> | |
| 79 | | | | | <u> </u> | |
| 80 | - | | | | | |
| 81 | | | | - | - | |
| 82 | | | | | | ļ <u>.</u> |
| 83 | | <u> </u> | - | ļ | | |
| 84 | | | | ļ | ļ | |
| | <u> </u> | | | <u> </u> | ļ | |
| 85 | | ļ | | | | <u></u> |
| 86 | <u> </u> | - | <u></u> | <u> </u> | | |
| 87 | | | <u> </u> | ļ | | |
| 88 | | ļ <u>.</u> | | | | |
| 89 | | | | | | |
| 90 | | | | | | |
| 91 | ļ | | | | | |
| 92 | | | | | | 1 |
| 93 | | | | | | |
| 94 | | | | | | |
| 95 | | | | | 1. | |
| 96 | | | | | | |
| 97 | | | | | | |
| 98 | | | | | | |
| 99 | | | | | | |
| 100 | | | 1 | | | |
| TOTAL | | | | | | |
| IND. | | | <u> </u> |] _ Į | ļ | 1 |
| DEP. | <u> </u> | | L | • | | _ |
| TOTAL CLAIMS | <u> </u> | 经规则 | | 803-201-2 | | AND S |
| | | | | 1 | | It has been as |

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campball National Stage Processing (703) 305-3831